MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		7184		CERTI	FIC.	ATE OF D	EAT	Н		Reg. D	ist. No.	07	717:
1.	PLACE OF DEATH o. COUNTY Somerse	t		MARY	LAND	2. USUAL RESID	and	/here deceose	d lived. If institution b. COUNTY		ence befo		sion)
Г	b. CITY OR TOWN (If outside corparate limi	its, write	c. LENGTH OF STAY	IN 1b			outside corpo	prote limits, write R				n)
	Deal Is			lifetime		20. 2		sland					
Г	d. NAME OF HOSPIT	TAL (If not in hospital, o	ive street			d. STREET A						e. IS RES	SIDENCE
	OK HASHIOHOR	at ho	ome.			/ Mai	n Ro	oad					A FARM?
3.	NAME OF		nl le	Middle		Losi		4. DATE	Mon	th	Da	v	Year
	(Type or print)	Marguer	rite			Cos	ter	OF DEATH	Jur	1e	18		1961
S.	SEX			NEVER MARRI	ED []	B. DATE OF BIRTH			9. AGE (In years			IF UND	ER 24 HRS
	F	W	WIDOW	-		Nov. 3	0. 3	1892	9. AGE (In years last birthday) 68 yrs.	Months	Doys	Hours	Min.
10	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDU			or foreign c		12. CI	ITIZEN O	F WHAT	COUNTR
	House	king life, even if retired	1 1	Household		Marv	land	3		TI	.S. A	1-	
13.	FATHER'S NAME					14. MOTHER'S	-						
	Theodor	e White				Jenn	ie V	Vilson	n				
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17.	NFORMANT			Addr	ess			
(11	no, or unknown)	(If yes, give wor or dates of s	ervice}			George	Cost	ter	Deal	Ts	land	1. N	48.
		ATH [Enter only one co	ouse per ti	ne for (a), (b), and (c).	1					20.		ERVAL BE	
		TH WAS CAUSED BY:		oronary t		mbosis					ONS	ETAND	LESTH
	400	DUE TO		or orional o			-						
	Candidan II.	1	,										
	Conditions, if a	mmediate (
	cosse (a), stoting lying cosse fost.	the under-	,										
z		HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DE	ATH RUI	NOT PELATED TO	THE TEDA	AINIAI DISEAS	E CONDITION GIV	ENI INI DA	DT 1(a) 1	9 WAS	AUTORCY
CERTIFICATION		Tati Production and Govern		OLIVINO TO SE		NOT REDITED TO	THE TERM	MITTAL DISCAS	e continued div	LIVIN	Ki ifali	PERFC	DRMED?
문	20n ACCIDENT W	AS LINDERLYING T	20h DES	CRIBE HOW INJURY O	COLPDE	D. (Enter poture of	inium in	Part I or Par	et (Lof item 1R)	_		YES	NO [
ERT	OR CONTRIBUTING	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	200. 023	CRIBE 11077 INSDRI	CCORRE	D. (CINE NOIDIE DI	injuty in	1011101101	I ii ot tielii taaj				
	20c. TIME OF INJUR		ar 20-1 II	VJURY OCCURRED	200 01	ACE OF INJURY IN	lome for	- 204 (Cib	y or town)		(C to a)		#C + - + -
MEDICAL	Haur o. m.	19	While	Not while	fo	ctory, street, office	bldg., et	c.) 201. (Cit	y or rown;		(County)		(State
Ž	p. m.		of wor		- 36) E E		Juno	18 61		_		
	21. I certify th	at I attended the					-	June	1901	_,that I	last so	w the	deceas
	alive on	5-13-61	, 19	and that	death	occurred at.	BAM	M, from	m the causes a	nd an I	the dat	te stat	ed abo
		N110.06	5 /	11.71		Dan		ADDRESS (S	er, Mar	stote)	a 6	_10	ATE SIGN
	ACTUAL SIGNATURE	core	17	rece		M.D. Dai	nes	Quar c	er, mar	удал	ia o		-0.1
	PHYSICIAN'S 'NAME (Type)	Everett	C.Su	tterMD									
22	O BURIAL, CREMATIC	N, 226. DATE THERE)F	22c. NAME OF CEM					TION (City, town, o			(Stot	te)
	REMOVAL (Specify)	6/22/63	L	Wicomic	O M	em. Par	K	Sa.	lisbury	Ma	ryla	and	
23	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			240. REC	D BY REGIS	TRAR 24b. REGIS	TRAR'S S	IGNATUE	35	
1	A. J.la	18th Tin	PI	incess A	nne	, Md.	DATE	IN 2 7 16	1 C.	then 2.	tran	A	

ined by the haspital or attending physician. A DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. 10.7

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

elyth a in by the funeral director, Pages 1 and 2 shauld be filed with

haurs ofter death. Page 4

VS A15 (4) 15M 9/SS

FOR STATE **HEALTH DEPT** TO DEFOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death..., delay is necessary, please execute the certificate, writing the word "pending" in pendin in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cramation, or removal, and in any event within 72 pages after death.

VS. A15ME SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	STREET,	BALTIMORE	, MARYLAND
7185	MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	0717

07175

	400 00	
1, PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed live	
Somerset MARYLAND	Maryland W	orcester
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1		write RURAL and give nearest town)
write RURAL end give nearest town) Crisfield None	Pocomoke City	7347-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE
McCready Memorial Hospital	518 Young Street	YES NO X
3. NAME OF First Middle		Aonth Dey Yeer
(Type or print)	OF	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		June 30 1961 reers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED DIVORCED	Amen Oli 700% Clest birtho	
	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		
Hairdresser Beauty Parlor	Virginia	USA
William Giller	Rachel Savage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(ffyesgivewerordelesofservice)]	. INFORMANT Ad	dress
	Janie Thomas At	tlantic, Va.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Coronary thr	ombosis.	Minutes
	1 at McCready Hospits	
	story of treatment.	
gave rise to immediate couse candition by D	r. Norman Sartorius,	Sn.
(a), stating the underlying cause last.		or.
		I GIVEN IN DART 1/2/1 19 WAS ALTODSY
PARTIE OTHER SIGNIFICANT CONSTRUCTOR CONTROL TO SERVICE OF THE SER	Mes with the life translate place of the life	PERFORMED?
5		YES NO
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	. (Entar nature of Injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, P	PLACE OF INJURY (Home, ferm, 1 20f. (City or town)	(County) (Slete)
ZOc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. P. Hour a.m. While Not White p.m. 19 al work at work	actory, streat, office bldg., atc.)	
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection K, In	quiry K, and in my opinion
	icide . Homicide . Undetermine	
death resulted from: Natural causes X. Accident . Su		o manual
ACTUAL COND O.	CHIEF MEDICAL EXAMINER	
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S C. G. Rawley, M. D.	DEPUTY MEDICAL EXAMINER	7/1/61
NAME (Type) 324 Main St., Crisfield,	Md Address (Street, city, town, or county)	
22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Spacify)		
Burial 7-6-61 Jerusalem C		
23. FUNERAL DIRECTOR ADDRESS		REGISTRAR'S SIGNATURE
Wharton & Savage New Church,	Va. DATE JUL 7 '61	arihan S. Kraus

THE RESERVE OF THE PROPERTY OF THE PARTY OF s in angew South was the formation that the state of th 27 Sept. 10,270, 25 Apr. 21, 2898 65 ALU MENNETY MENNET CANA CHARACTERS Rushel Sayoge AV .circula accord could Another Committee Committe Lerrines obsected by Levigne no by the condition by the New Art Sanct in Land Company City And A CONTRACTOR OF THE CONTRACTOR Allegion outsit present main man Beief . Infinite Miston h Savers saven, in. ____ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

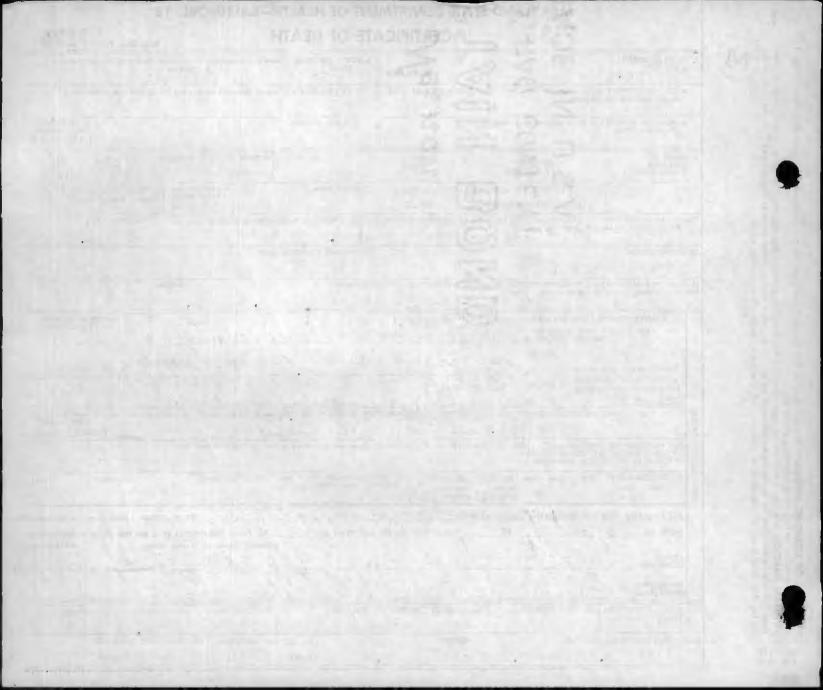
hours after death. Page 4

7186

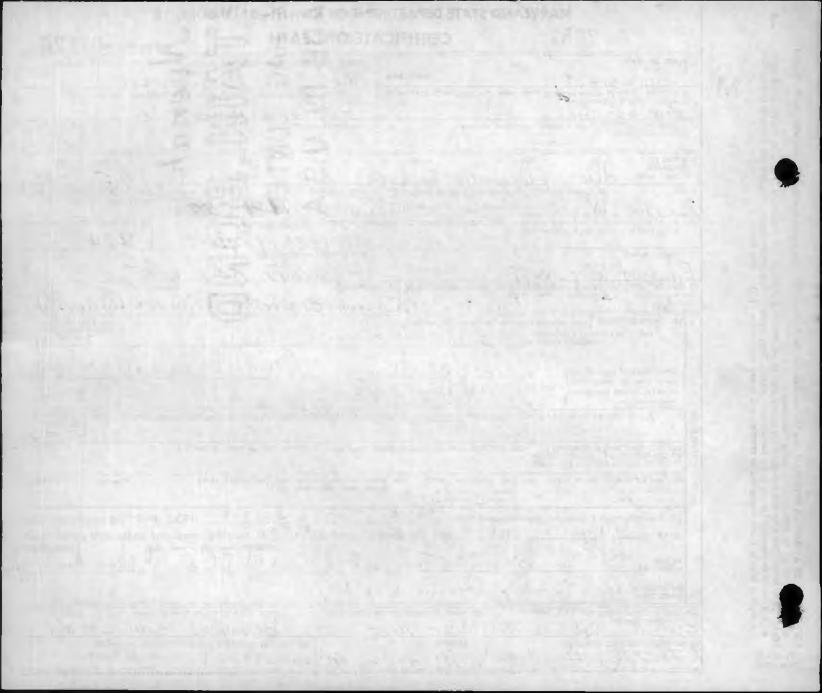
CERTIFICATE OF DEATH

Reg. Dist. No.07175

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Eden d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS. RESIDENCE ON A FARM? YES NOTE NOTE To Death G. COLOR OR RACE First Leoden Middle Lost 4. DATE OF DEATH B. DATE OF DEATH F. AGE (In years lef under 24 Hrs. logs) S. SEX 6. COLOR OR RACE F. MARRIED NEVER MARRIED DIVORCED S. J. P. AGE (In years lef under 24 Hrs. logs) S. J. P. AGE (In years lef under 24 Hrs. logs) Lost birthdoy) G. Yrs. Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country) LICK Layer Helpe Gement Finishing. Maryland 13. FATHER'S NAME Samuel Henry Doane Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address TIG-OI-7158 Morion Cannon. Eden, Maryland Interval BETWEEN	1,	PLACE OF DEATH . COUNTY S merset			MARYLAND	2. USUAL RESIDE o. STATE Maryla		b. COUNTY	on: Residence	before adm	ission)
d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? TEST NOW. 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give tind of work done) 100. USUAL OCCUPATION (Give tind of		RURAL and give nea	outside corporate limits, v rest town)		*		WN (If outside con			e nearest to	wn)
Done Death G I8 1961 S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. DATE OF BIRTH		d. NAME OF HOSPITA	(If not in hospital, give		e.a,1.8	11	DRESS			ON	A FARM?
Male Colored widowed Divorced 5/12/1900 GI yrs. Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME Samuel Henry Doane 14. Mother's Maiden NAME Cynthia Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. WOLLD A. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address THE COLORED DOYS HOURS DOYS DOYS DOYS DOYS DOYS DOYS DOYS DOY		DECEASED		en	Middle	_	OF			Day I8	
during most of working life, even if refired) LPICK Layer Helper Cement Finishing. Maryland USA. 13. FATHER'S NAME Samuel Henry Doane Cynthia Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ves No. of unknown) (If yes, give wor of doless of service) 716-01-7158 Marion Cannon. Eden, Maryland			C	4.0		B. DATE OF BIRTH	900				1
Samuel Henry Doane Cynthia Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (19 to 10. 07 unknown) 19 yes, give wor or doten of service) 716-01-7158 Marion Cannon. Eden, Maryland	100	during most of working	(Give kind of work down in life, even if retired)					country)			AT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Vas. No. or unknown] [If yes, give wor or doles of service] 716-01-7158 Marion Cannon. Eden, Maryland	13.	FATHER'S NAME				14. MOTHER'S N	AIDEN NAME				
(Ves no. or unknown) (If yes, give wor or dotes of service) 716-01-7158 Marion Cannon. Eden, Maryland		Samuel H	enry Doane	9 -		Cynth	ia Wrig	ht			
716-01-7158 Marion Cannon. Eden, Maryland					CURITY NO. 17.	INFORMANT		Add	iress		
10 CALLES OF PEATH (FALL SHOPE AND	()	ar ion or our in	yes, give war or ourse at terms	1 =	1-7158	Morion C	annon.	Eden, Ma	rylan	d	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under: [ying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 200. ACCIDENT WAS UNDERLYING [I] 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	ERTIFICATION	Conditions, if on gove rise to im couse (o), stating Il lying couse lost,	DUE TO (, which mediate e under (c) R SIGNIFICANT CONDIT	from	chia	l ast	howe	v ,	lder	1/ 12 (o) 19. WA	coxtle
Up Either, Notify Medical Examiner 20d. INJURY OCCURRED 20d. I											
PHYSICIAN'S GO Herbert Sembly Saliebury Red	25	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Jules G. He:	196/ Aderberi	ubly	mbly	Address Hook	Street city or town,	pond on the	dote sta	nted obove. DATE SIGNED 123/L
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (9th, fown, or county) (Stole) DUTTAL Princess Anne 16d			, 22b. DATE THEREOF	22c. NA/	WE OF CEMETERY (OR CREMATORY	22d. LOC	ATION (Oity, town,	or county)	/St	-1-1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	1		6/02/10	Jo	hn Wast	OTT	Dart	nooga A.			oiel
William H. James Jr. Princess Anne, Md DATEUN 26'61 Chilling S. Kings	-	burjal	6/24/6T						nne Ma		oiej



17	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE,	18
*	7187 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 7176
	3. PLACE OF DEATH O. COUNTY SOYN ELS OF MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute a STATE b. COUNT	tion: Residence before admission)
(IV)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Alice Flizabeth Jackso	DEATH JUE	onth Day Year 10 15 1961
T	Female Negro WIDOWED DIVORCED	B. DATE OF BIRTH June 1, 1904 9. AGE (In year lost birthday) 37 yes	
	10a. USIJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Norfolk, Virginia	12. CITIZEN OF WHAT COUNTRY? USa
	Edmand Brockett	Henrietta Brock	ett
	(Yes. no. or unknown) (If yes, give war or dates of service) 15-9-34-359450	10 14 001	ess Anne, Md.
	18. CAUSE OF DEATH [Enter only one couse per the for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Gemorrhage,	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Helperter	rsive Cardio Vascu	charles 4 yrs.
	gove rise to immediate couse (a), stating the under-lying couse lost. Due To Calculate (c)	Decompensation	2 2 mo
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
2	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item IB.)	
45	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Month of work of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Slote)
	21. I certify that I oftended the deceased from and that death	occurred at 1:15 P.M. from the causes	,that I tost saw the deceased and on the date stated above.
	ACTUAL Brank figants	M.D. 20 Prince William	Rivas Ann 6/16
1	PHYSICIAN'S B FRANK GIGHIUT	1 M.D.	
	Burial (Specify) June 18, 1961 Mount Hop	e Greenwood	Som. Co. Md.
17	Emarles H Word Mary	,	GISTRAR'S SIGNATURE
71			



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	7188		CERTIFIC	ATE OF DEATH	4		Reg. Dis	1. No. 07	177
1, PLACE OF DEATH 0. COUNTY	rset		MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	nere deceased	lived. If institut b. COUNTY SOMERS	ion: Residen	ce before odn	nission)
b. CITY OR TOWN (II RURAL and give no	outside corporate lim	its, write	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o			W. C. W. C.	give nearest to	own)
7.6	rairmount		93 Years	upper rais	rmoun	t X	ps.		
	AL (If not in hospital, (address)	d. STREET ADDRESS		1		e. IS E ON YES	RESIDENCE
3. NAME OF DECEASED (Type or print)	Fi		Middle Ifus J. Mil	Last	4. DATE OF DEATH	June		Doy 19 6 1	Year 19
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years		TYEAR IF UN	
male	white	WIDOWE	DIVORCED	Feb. 7, 1869		gast birthdoy)	Months	Doys Hou	rs Min.
retired :	ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	Marylan	d	untry)	0.00	S.A.	AT COUNTRY
John L.	Miles			Males	e Mui	in I areas	of more		
S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT	3-5-02-0	Ado	ress		
NO 1	If yes, give wer or detec of s	ervice)	ME	ss Margaret	Mile	פממש פ	77 00	irmour	nt, M
Conditions, if or gove rise to in couse (a), stating lying couse tost. PART II. OTH	he <u>under-</u>	, <i>Pi</i>		THRCINOM				1(o) 19. WA PER	FORMED?
PART II. OTH 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. p.	Month, Day, Ye		JURY OCCURRED 20e. PI	D. (Enter nature of injury in P ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	, 20f. (City		(C	ounty)	(Stote)
	ot I attended the	decease	ed from 6/9	19 58, to 6	6/14 2M, fram	the causes of the cause of	and on th	e date sta	e decease ited abave DATE SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC		22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATI	ON (City, town,			tate)
purlai	6-17-1	961		etery	Uppe	er Fair	moun	t, Ma	•
23. FUNERAL DIRECTOR'S	SIGNATURE WILL	seri	ADDRESS rincess Ann	e, Md. DATEJUN	BY REGISTR	AR 24b. REGI	STRAR'S SIG	7 4	

. THE RESERVE AND ADDRESS. A desprise for the same of the TO I THE WAY THE WAY TO SEE THE SECOND SECON gill gist, the many and all law afact BELLE BRADE 人工一下一下一一一一个一个一个一个 The state of the s . In the same of t BUCKET AND A COUNTY OF THE PARTY OF THE PART

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH d 3 to the funeral director. Page by be retained for your files.

with the State Board of Health, after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Somerset MARYLAND Marvland Somerset b. CITY OR TOWN (if outs de corporata lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) Crisfield Crisfield Lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 125 Maple St. 125 Maple St. YES T NO X 3. NAME OF Middle 4. DATE DECEASED ROPERT REVELLE (Type or print) DEATH June 19 61 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Hours 2, and 2 and Male White WIDOWED [DIVORCED 1 executed within 24 hours after I in Item 18. Give Pages 1, 2, ong with form PM3, Page 5 ong with form PM3, Page 5 and din any eyestif-within 72 and din any eyestif-within 72 had 10a. USUAL OCCUPATION (Give kind of work 1 106 KIND OF BUSINESS OR INDUSTRY! 11. B.RTHPLACE (State or fore gir country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Painter Pleasure Boat Mfg. Crisfield, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME R. Milbourn Revelle Florence Marie Davis 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 125 Maple St. (Yes, no, or unknown) (If yes a ve war or detas of service) r's Office along with for a burial-transit permit. Yes 219-34-3964 Mrs. Florence Marie Milbourn-Crisfield, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Intracranial homorrhage (brain stem) due IMMEDIATE CAUSE (a) 16 hrs blov on head with baseball. removal, DUE TO Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the undarlying 10 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 e) 19. WAS AUTOPSY execute the certificate, writing the word ald be forwarded to the Chief Medical E. NERAL DIRECTOR: Page 3 should be designated agent, prior to burial, cremati PERFORMED? NO 20e. EXTERNAL CAUSE WAS -20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part to J Part II of Jam 18.) PRIMARY OF CONTRIBUTING Struck in forehead by baseball from foul tip 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) fectory, street, office bldg., atc.) Not While While at work ! Recreation area Crisfield Somerset Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry X. and in my opinion death resulted from: Natural causes , Accident X Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL Parity ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE. DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Typa) C. G. Rawley, M.D. Addrass (Streat, city, town, or county) 228. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Sunnyridge Cemetery Burial June 5. Crisfield, Md. 0 7 5 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Bradshaw & Sons - Crisfield, Md. JUN 9 61 comma & Times 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



aurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07181

	1
urs after death. Page 4	by the funeral director, d 2 shauld be filed with
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 7 purs after death. Page 4	ned by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, old be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with and of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.
-	5000

o. COUNTY	Somerset		YLAND 0. 51	AL RESIDENCE (WITATE MARY)		b. COUNTY	Somerset	- 4
	/N (If outside corporate limi ve nearest lawn) Crisfield	s, write c. LENGTH OF STAY	20	Or town (If a		limits, write RU	URAL and give nea	rest town)
d. NAME OF HO OR INSTITUTI	S. Somerset		d. S	S. So	merset A	ve.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	FRAN		WAI	Lost	4. DATE OF DEATH	June	th Day	y Year 19 61
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARR WIDOWED DIVORC		OF BIRTH 1883	1 10	AGE (In years out birthdoy) 77 yrs.	Months Days	Haurs Min.
during most of Carpen 13. FATHER'S NAMI	working life, even if retired	done 10b. KIND OF BUSINESS O	Ca	BIRTHPLACE (Stote Cisfield, OTHER'S MAIDEN I	Marylan	_	12. CITIZEN OF	WHAT COUNTR
Willia	m Ward			liza Cull	en			
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR			ena Ward,	0 0	Addr		61.23
gove rise to couse (a), sta	IMMEDIATE CAUSE (a DUE TO if any, which a immediate ting the under. DUE TO		ao navo	7 Wh	rereu	(05/5	2	yes T
gove rise to cause (a), sta lying cause II.	DUE TO if any, which a immediate ting the under ost. OTHER SIGNIFICANT CON T WAS UNDERLYING TING CAUSE OF DEATH			ATED TO THE TERM	INAL DISEASE CO	DNDITION GIV	EN IN PART I(o) 1	PERFORMED?
gove rise (cause (a), sta lying cause 1) PART II. 20a. ACCIDEN: (IF EITHER, NO 20c. TIME OF II Haur a.	DUE TO if any, which a immediate ting the under- ost. OTHER SIGNIFICANT CON T WAS UNDERLYING TING CAUSE OF DEATH OTHER MEDICAL EXAMINER) NJURY Manth, Day, Ye	DITIONS CONTRIBUTING TO DI 20b. DESCRIBE HOW INJURY (OCCURRED. (Enter	ATED TO THE TERM	Port I or Part II o	ONDITION GIV	EN IN PART I(o) 1	YES NO
gove rise to cause (a), sta lying cause I PART II. 20a. ACCIDEN' OR CONTRIBU' (IF EITHER, NO 20c. TIME OF II Haur a. p. 21. I certify	DUE TO if any, which a immediate ting the under ost. OTHER SIGNIFICANT CON T WAS UNDERLYING TING I CAUSE OF DEATH TIFY MEDICAL EXAMINER NJURY Manth, Day, Ye m. 19 that (I) (this haspital ceased alive an RE	DITIONS CONTRIBUTING TO DI 20b. DESCRIBE HOW INJURY OF THE PROPERTY OF THE PR	20e. PLACE OF I factory, stre	NJURY (Home, farret, office bldg., etc.	Port I or Port II of P	ondition Giv	(County)	YES NO (Side at (1) (we) to stated above 22b. DATE
gove rise to cause (a), stating cause (b). Stating cause I lying cause I	DUE TO if any, which a immediate ting the under. ost. OTHER SIGNIFICANT CON T WAS UNDERLYING TING CAUSE OF DEATH TINTY MEDICAL EXAMINER) NJURY Manth, Day, Ye m. 19 that (I) (this haspital ceased alive an CE C. G. Ray	DITIONS CONTRIBUTING TO DI 20b. DESCRIBE HOW INJURY (or 20d. INJURY OCCURRED While Not while of work of work 19 GC, and The contract of the deceased of	20e. PLACE OF I factory, street that death a M.D. PT	ATED TO THE TERM nature of injury in NJURY (Hame, farret, office bldg., etc.) 19 ccurred at 2 TENDING N D J. ADDRESS J. Main S	Port I or Port II of P	ondition Gives an account of the state of th	(County)	YES NO (State of the state of t
gove rise to cause (a), sta lying cause 1 PART II. 20a. ACCIDEN: OR CONTRIBU: (IF EITHER, NO 20c. TIME OF II: Haur a. p. 21. I certify saw the de: 22a. SIGNATUI	DUE TO if any, which a immediate ting the under. ost. OTHER SIGNIFICANT CON T WAS UNDERLYING TING CAUSE OF DEATH TITY MEDICAL EXAMINER) NJURY Manth, Day, Ye m. 19 that (I) (this haspital ceased alive an Cause RE C. G. Ray ATION, 23b, DATE THEREC	DITIONS CONTRIBUTING TO DI 20b. DESCRIBE HOW INJURY (ar 20d. INJURY OCCURRED While Not while of work of work 1) attended the deceased 19 40, and 11 attended the deceased of the d	20e. PLACE OF I factory, street that death a M.D. PATERY OR CREMA	ATED TO THE TERM nature of injury in NJURY (Home, farr iet, office bldg., etc., office bldg., etc., office bldg.) TENDING NYS. ADDRESS N. Main S	Port I or Port II of P	onDition GIV af item 18.) tawn) c causes an staff Phys. b (City, town, c	(County) 2019 (cl., the date date Maryland or county)	YES NO (Side of (I) (we) lost of above 22b. DATE SIGN

VR A15 (4) ISM 9/59

AND STATES OF THE ath locates. Pot II making a mile of WENT AND THE THE PARTY AND THE 9 The last the Marine Holist Asserting to Table Historia Milliand Manual III and the Company of the Company Children of Children and A. Valence L.

VS AIS (4)

7193

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

07182

11-		Keg	. DIST. 140. 0 4 2. 0 12						
1.	o. COUNTY OMERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Report of the County b. County b. County	sidence before admission) SOMERSET						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIFETIME	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AT HOME	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO						
3.	NAME OF DECEASED MARGARET Middle W	IHEATLEY 4. DATE OF DEATH JUNE	5 19 61						
	TEMPLE WINTE WIDOWED DIVORCED	MAR-28-1877 Styrs. Mon	ths Days Hours Min.						
L	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OBTINDUS during not af working life, even if retired)	MARYLAND	CITIZEN OF WHAT COUNTRY?						
1	GABRIEL JONES	12 MOTHER'S MAIDEN NAME RISCILLA WHIT	E						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IT	PARTIN WHEATLEY . DE	AL ISLAND						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterionephro	osis of kidneys	INTERVAL BETWEEN ONSET AND DEATH YEARS						
	Conditions, if any, which gove rise to immediate cottle (a), stating the under-								
	lying couse last. (c)								
CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO						
CEPTIFI		D. (Enter nature of injury in Part 1 or Part 11 of item 18.)							
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 Of work of work of work 19								
	21. I certify that I attended the deceased from 4-26-61, 19, to 6-5-61, 19, that I last saw the deceased alive an 6-5-61, 19, and that death occurred at 8pm M, from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S PRINCE OF STATES OF								
2	NAME (Type) EVET C C DU CET TID	The state of the s	nty) (Stole)						
23	BUNDAL TUNE 7-1961 ROCK CREE	24g. REC'D BY REGISTRAR 24b. REGISTRAR	s SIGNATURE						
	B. J. WEbster Onnies	(1) 1 1 1000 1 2 100	& Kenea						

The transport of the same of t New Towns Commenter Will The British That I was a will